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Bib Data Sheet

CONFIRMATION NO. 3820

<b>SERIAL NUMBER</b> 10/077,546	<b>FILING OR 371(c) DATE</b> 02/15/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3694	<b>ATTORNEY DOCKET NO.</b> L9090/269380
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/269,128 02/15/2001 and is a CIP of 09/662,737 09/15/2000  
 and claims benefit of 60/154,667 09/16/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 03/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 47	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AB</i>				

## ADDRESS

23370

## TITLE

Management systems and methods for maximizing return on assets

<b>FILING FEE RECEIVED</b> 1720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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